

EXHIBIT A

OR TRANSFER

If there is an amendment to this page, complete only Items 1, 2, 3, 4 and Items being amended

1 LAST NAME THANING FIRST NAME ALVA MIDDLE NAME GENE

2 FIRM CRD # 8174 FIRM NAME (Do not include this employment under item 19, page 2) PaineWebber Incorporated

3 APPLICANT'S CRD # 180735 SOC SEC # 558-46-7581 APPLICANT'S NFA # EMPLOYMENT DATE 12-07-87

4 FIRM MAIN ADDRESS STREET CITY STATE ZIP
1285 Avenue of Americas New York New York 10019

5 BRANCH ID # OFFICE OF EMPLOYMENT ADDRESS STREET CITY STATE ZIP
FN 100 CALIF ST, 3rd SAN FRANCISCO, CA 94111

6 Will applicant maintain registration with another Broker/Dealer not under common ownership or control with the firm named in Item 4 above? ☒ Yes ☐ No
 If Yes, list in item 19)

7 Will applicant maintain multiple registrations with Broker/Dealers under common ownership or control with the firm named in Item 4 above? ☒ Yes ☐ No
 If Yes, fill in information below

Firm CRD # _____ Name of Firm _____
 Firm CRD # _____ Name of Firm _____
 Firm CRD # _____ Name of Firm _____

8 TO BE REGISTERED WITH THE FOLLOWING

<input type="checkbox"/> ASE	<input type="checkbox"/> BSE	<input type="checkbox"/> CBOE	<input type="checkbox"/> CSE	<input type="checkbox"/> MFE	<input checked="" type="checkbox"/> NASD	<input type="checkbox"/> NFA	<input checked="" type="checkbox"/> NYSE	<input type="checkbox"/> PHLX	<input type="checkbox"/> PSF	<input type="checkbox"/> OTHER Specify: _____
<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input checked="" type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI
<input type="checkbox"/> HI	<input type="checkbox"/> ID	<input type="checkbox"/> MO	<input type="checkbox"/> PA	<input type="checkbox"/> PR	<input type="checkbox"/> WY	<input type="checkbox"/> WY	<input type="checkbox"/> WY	<input type="checkbox"/> WY	<input type="checkbox"/> WY	<input type="checkbox"/> WY

9 TYPE OF EXAMINATION/REGISTRATION REQUESTED (check all applicable categories)

<input type="checkbox"/> S-3 (CR) Commodity Futures	<input type="checkbox"/> S-16 (SA) Supervisory Analyst	<input type="checkbox"/> S-52 (MR) Municipal Securities Representative
<input type="checkbox"/> S-4 (OP) Registered Options Principal	<input type="checkbox"/> S-22 (DR) Direct Participation Programs Representative	<input type="checkbox"/> S-53 (MP) Municipal Securities Principal
<input type="checkbox"/> S-5 (IO) Interest Rate Options	<input type="checkbox"/> S-24 (GP) General Securities Principal	<input type="checkbox"/> S-54 (FM) Municipal Securities Financial and Operations Principal
<input type="checkbox"/> S-6 (IR) Investment Company and Variable Contracts Products Representative	<input type="checkbox"/> S-26 (IP) Investment Company and Variable Contracts Products Principal	<input type="checkbox"/> S-62 (CS) Corporate Securities Representative
<input checked="" type="checkbox"/> S-7 (GS) Full Registration-General Securities Representative	<input type="checkbox"/> S-27 (FN) Financial and Operations Principal	<input type="checkbox"/> S-63 (AG) Agent
<input type="checkbox"/> S-8 (SU) General Securities Sales Supervisor	<input type="checkbox"/> S-39 (DP) Direct Participation Programs Principal	<input type="checkbox"/> Member Exchange
<input type="checkbox"/> S-8 (BM) Branch Office Manager (NYSE)	<input type="checkbox"/> S-41 (AM) Allied Member	<input type="checkbox"/> Reschedule Exam Series
<input type="checkbox"/> S-15 (FC) Foreign Currency Options	<input type="checkbox"/> S-42 (OR) Options Representative	<input checked="" type="checkbox"/> Other <u>Series #63</u>

THIS PORTION MUST BE COMPLETED FOR ALL PARTIAL FILINGS

10 APPLICANT'S CURRENT ADDRESS. STREET CITY STATE ZIP

FIRM(S) APPLICANT IS TRANSFERRING FROM: TERMINATION DATE: (Mo./Day/Yr.)

☐ CHECK IF THIS U-4 IS BEING FILED TO MAKE PERMANENT A TEMPORARY REGISTRATION (TAT).

The appropriate signatory area DOES NOT have to be completed UNLESS this page is being submitted as an amendment.

MONTH DAY YEAR

TYPE OR PRINT NAME OF APPROPRIATE SIGNATORY CRD USE ONLY

APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

If there is an amendment to this page, complete only Items 13, 14 and the items being amended.

13 FIRM CHD # 8174	SOCIAL SECURITY # 558-46-7581	APPLICANT'S CRD #
FIRM NFA #		APPLICANT'S NFA #

PERSONAL DATA

14 LAST NAME Thaning	JR./SR. ETC.	FIRST NAME Alva	MIDDLE NAME Gene	15 OTHER NAMES KNOWN BY N/A
16 DATE OF BIRTH (Month, Day, Year) 09-07-39	17 SEX Male	HEIGHT 5'11"	WEIGHT 190	HAIR COLOR Brown
				EYE COLOR Brown

RESIDENTIAL HISTORY

18 GIVE ALL ADDRESSES FOR THE PAST FIVE YEARS, STARTING WITH CURRENT ADDRESS.

STREET	CITY	STATE	ZIP	FROM MONTH YEAR	TO MONTH YEAR
110 Arlene Lane	Walnut Creek	CA	94596	6 74	PRESENT

EMPLOYMENT AND PERSONAL HISTORY

19 ACCOUNT FOR ALL TIME FOR THE PAST TEN YEARS. Give all employment experience starting with your previous employer and working back ten years. Include full and part-time work, self-employment, military service, unemployment and full-time education. (If this page is being filed as part of a Form BD, start with your present employer instead.)

NAME	CITY	STATE	FROM MONTH YEAR	TO MONTH YEAR	POSITION HELD
Xerox Corporation	Walnut Creek	CA	1 86	11 87	Manager, Contract Mark.
Xerox Corporation	San Francisco	CA	4 78	12 85	National Account Manager
Xerox Corporation	San Francisco	CA	9 77	3 78	Sales Manager
Xerox Corporation	San Francisco	CA	1 77	8 77	Sales Training Manager
Xerox Corporation	Oakland, Santa Ana, Los Angeles	CA	7 64	12 76	Various Sales and Sales Management
NAME	CITY	STATE			
NAME	CITY	STATE			
NAME	CITY	STATE			
NAME	CITY	STATE			
NAME	CITY	STATE			
NAME	CITY	STATE			
NAME	CITY	STATE			
NAME	CITY	STATE			
NAME	CITY	STATE			
NAME	CITY	STATE			
NAME	CITY	STATE			

20 Are you currently engaged in any other business (not shown above) either as a proprietor, partner, officer, director, trustee, employee, agent or otherwise?
☐ YES ☒ NO. If "YES", please explain below:

The appropriate signatory area ~~DOES NOT~~ have to be completed UNLESS this page is being submitted as a ~~separate~~

MONTH DAY YEAR

TYPE OR PRINT NAME OF APPROPRIATE SIGNATORY | CRD USE ONLY

V FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

If there is an amendment to this page, complete only Item 21 and Items being amended.

FIRM CRD #	SOCIAL SECURITY #	APPLICANT'S CRD #
FIRM NFA #	558-46-7581	APPLICANT'S NFA #

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES" ATTACH COMPLETE DETAILS

22. DEFINITIONS

- **Charged** — Accused of a crime in a formal complaint, information, or indictment.
- **Investment or Investment-Related** — Pertaining to securities, commodities, banking, insurance, or real estate (including, but not limited to acting as or being associated with a broker-dealer, investment company, investment adviser, futures sponsor, bank, or savings and loan association).
- **Involved** — Doing an act or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act

22A. Have you been convicted of or pled guilty or nolo contendere ("no contest") to:

- (1) a felony or misdemeanor involving:
investments or an investment-related business,
fraud, false statements or omissions,
wrongful taking of property, or
bribery, forgery, counterfeiting or extortion?

(2) gambling?

(3) any other felony?

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3

B. Have you, or an organization over which you exercised management or policy control, ever been charged with any felony or charged with a misdemeanor specified in question A(1) or (2)?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	4
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C. Has any court ever:

(1) enjoined you in connection with any investment-related activity?

(2) found that you were involved in a violation of investment-related statutes or regulations?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6

D. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:

(1) found you to have made a false statement or omission?

(2) found you to have been involved in a violation of investment-related regulations or statutes?

(3) found you to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?

(4) entered an order denying, suspending or revoking your registration or disciplined you by restricting your activities?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	7
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10

E. Has any other Federal regulatory agency or any state regulatory agency ever:

(1) found you to have made a false statement or omission or been dishonest, unfair or unethical?

(2) found you to have been involved in a violation of investment regulations or statutes?

(3) found you to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?

(4) entered an order against you in connection with investment-related activity?

(5) denied, suspended, or revoked your registration or license or otherwise prevented you from associating with an investment-related business, or disciplined you by restricting your activities?

(6) revoked or suspended your license as an attorney, accountant or federal contractor?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	11
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16

F. Has any self-regulatory organization or commodities exchange:

(1) found you to have made a false statement or omission?

(2) found you to have been involved in a violation of its rules?

(3) found you to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked or restricted?

(4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	17
<input type="checkbox"/>	<input checked="" type="checkbox"/>	18
<input type="checkbox"/>	<input checked="" type="checkbox"/>	19
<input type="checkbox"/>	<input checked="" type="checkbox"/>	20

G. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	21
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H. Have you ever been the subject of an investment-related, consumer-initiated complaint or proceeding that:

(1) alleged compensatory damages of \$10,000 or more, fraud, or wrongful taking of property?

(2) was settled or decided against you for \$5,000 or more, or found fraud or the wrongful taking of property?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	22
<input type="checkbox"/>	<input checked="" type="checkbox"/>	23

I. Are you now the subject of any complaint, investigation, or proceeding that could result in a "yes" answer to parts A-H of this item?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	24
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J. Has a bonding company denied, paid out on, or revoked a bond for you?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	25
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K. Do you have any unsatisfied judgments or liens against you?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	26
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L. Have you or a firm that you exercised management or policy control over, or owned 10% or more of the securities of, failed in business, made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	27
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M. Has a broker or dealer firm that you exercised management or policy control over, or owned 10% or more of the securities of, been declared bankrupt, had a trustee appointed under the Securities Investor Protection Act, or had a direct payment procedure initiated?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	28
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N. Have you been discharged or permitted to resign because you were accused of:

(1) violating investment-related statutes, regulations, rules, or industry standards of conduct?

(2) fraud or the wrongful taking of property?

(3) failure to supervise in connection with investment-related statutes, regulations, rules or industry standards of conduct?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	29
<input type="checkbox"/>	<input checked="" type="checkbox"/>	30
<input type="checkbox"/>	<input checked="" type="checkbox"/>	31

The applicant and appropriate signatory area DOES NOT have to be completed
UNLESS this page is being submitted as an amendment.

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

If there is an amendment to this page, complete only Item 23 and Items being amended.

FIRM CRO #

SOCIAL SECURITY #
558-46-7581

APPLICANT'S

CRO #

APPLICANT'S

NFA #

THE APPLICANT MUST READ THE FOLLOWING VERY CAREFULLY

1. I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers.
2. I hereby apply for registration with the organizations and states indicated in Item 10 as may be amended from time to time and, in consideration of such organizations and states receiving and considering my application, I submit myself to the jurisdiction of such states and organizations and hereby certify that I agree to abide by, comply with, and adhere to all the provisions, conditions and covenants of the statutes, constitutions, certificates of incorporation, by-laws and rules and regulations of the states and organizations as they are and may be adopted, changed or amended from time to time, and I agree to comply with, be subject to and abide by all such requirements and all rulings, orders, directives and decisions of, and penalties, prohibitions and limitations imposed by such states and organizations, subject to right of appeal as provided by law; and I agree that any decision of such states and organizations as to the results of any examination(s) that I may be required to pass will be accepted by me as final.
3. I further agree that neither the states or organizations nor their officers, employees, and others acting on their behalf shall be liable to me for action taken or omitted to be taken in official capacity or in the scope of employment, except as otherwise provided in the statutes, constitutions, certificates of incorporation, by-laws or the rules and regulations of such states and organizations.
4. I authorize the states and organizations to make available to any employer or prospective employer, or to any federal, state or municipal agency, or any securities or commodities industry self-regulatory organization any information they may have concerning me; and I release the states and organizations, their employees and agents, from any and all liability of whatever nature by reason of furnishing such information.
5. I agree to arbitrate any dispute, claim or controversy that may arise between me and my firm, or a customer, or any other person, that is required to be arbitrated under the rules, constitutions, or by-laws of the organizations with which I register, as indicated in item 10 as may be amended from time to time.
6. I, the undersigned, for the purpose of complying with the laws of the State(s) designated in Item 10 as may be amended from time to time, relating to sale of securities or commodities, hereby irrevocably appoint the administrator, of each of those State(s), or such other person designated by law, and the successors in such office, my attorney in said State(s) upon whom may be served any notice, process or pleading in any action or proceeding against me arising out of or in connection with the offer or sale of securities or commodities, or out of the violation or alleged violation of the afore-said laws of said State(s) and I do hereby consent that any such action or proceeding against me may be commenced in any court of competent jurisdiction and proper venue within said State(s) by service of process upon said appointee with the same effect as if I were a resident in said States and had lawfully been served with process in said State(s). It is requested that a copy of any notice, process or pleading served hereunder be mailed to me at my residence.
7. I authorize and request any and all of my former employers and any other person to furnish to the agency, jurisdiction or organization with which this application is being filed, or any agent acting on its behalf, any information they may have concerning my credit worthiness, character, ability, business activities, education background, general reputation, together with, in the case of former employers, a history of my employment by them and the reasons for the termination thereof. Moreover, I hereby release each such employer and each such other person from any and all liability of whatever nature by reason of furnishing such information to the agency, jurisdiction or organization or any agent acting on its behalf. Further, I recognize that I may be the subject of an investigative consumer report ordered by the agency, jurisdiction, or organization with which this application is being filed, and as to which I hereby waive any requirement of prior notification. I understand that I have the right to request complete and accurate disclosure by such agency, jurisdiction or organization of the nature and scope of the investigation requested.
8. I understand and certify that the representations herein apply to all employers with whom I seek registration as shown in Items 4 and 9 of this form. I agree to update Form U-4 by causing an amendment to be filed on a timely basis whenever changes occur to answers previously reported on the form. Further, I represent that to the extent any information previously submitted is not amended, such information is currently accurate and complete.
9. If I have become temporarily registered as an agent, I acknowledge that this application for registration with the state(s) and/or organization(s) indicated in Item 10 is separate and distinct from any temporary registration already obtained with the state(s) and/or organization(s). I further understand that under the law(s) of the state(s) and/or the regulation(s) of the organization(s), my registration may be denied, suspended or revoked.

12-7-87
Month Day Year

SIGNATURE OF APPLICANT

Alva Gene Tharing
TYPE OR PRINT NAME OF APPLICANT

THE FIRM MUST COMPLETE THE FOLLOWING

To the best of my knowledge and belief, the applicant is currently bonded where required, and, at the time of approval, will be familiar with the statute(s), constitution(s), rules and by-laws of the agency, jurisdiction or self-regulatory organization with which this application is being filed, and the rules governing registered persons, and will be fully qualified for the position for which application is being made herein. I agree that, notwithstanding the approval of such agency, jurisdiction or organization which hereby is requested, I will not employ the applicant in the capacity stated herein without first receiving the approval of any authority which may be required by law. This firm has communicated with all of the applicant's previous employers for the past three years (five years for commodities).

EMPLOYER	NAME OF PERSON CONTACTED	POSITION OF PERSON CONTACTED	EMPLOYEE
Xerox Corp	Personnel/Rec -		7/64 11/87 K

IN ADDITION, I HAVE TAKEN APPROPRIATE STEPS TO VERIFY THE ITEMS AND ATTACHMENTS CONTAINED IN THIS APPLICATION. THE APPROPRIATE SIGNATORY AREA MUST BE COMPLETED ON ALL INITIAL, TRANSFER OR AMENDMENT FILINGS.

CRO USE ONLY

12 7 87
MONTH DAY YEAR

SIGNATURE OF APPROPRIATE SIGNATORY

ANTHONY E. CAMERON

TYPE OR PRINT NAME OF APPROPRIATE SIGNATORY